SINDROMUL FRONTAL. SINDROMUL PARIETAL. SINDROMUL ROLANDIC. SINDROMUL TEMPORAL. SINDROMUL OCCIPITAL

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CLINICA I NEUROCHIRURGIE

SPITALUL CLINIC DE URGENTA “BAGDASAR - ARSENI” BUCURESTI

SIMPTOMATOLOGIA LEZIUNILOR CEREBRALE

I. Simptomatologie specifica in functie de topografia leziunii

- epilepsia – crizele focale motorii, senzitive, senzoriale
- deficitele neurologice: motorii, senzitivo-senzoriale, afazia
- tulburari comportamentale, ale personalitatii
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II. Simptomatologie nespecifica:

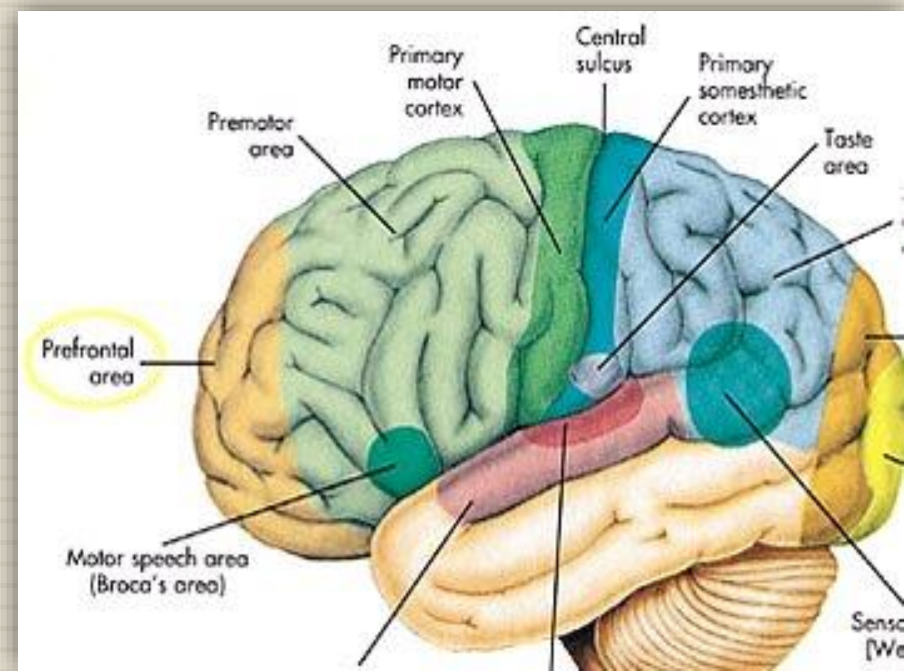
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CLASIFICAREA TOPOGRAFICA A LEZIUNILOR CEREBRALE

- SUPRATENTORIALE:
  - **LOBI CEREBRALI:**
    - **FRONTALE**
    - **PARIETALE**
    - **TEMPORALE**
    - **OCCIPITALE**
  - EMISFERICE PROFUNDE:
    - VENTRICULI CEREBRALI
    - CENTRULUI OVAL
    - NCC. CENUSII CENTRALI
  - EMISFERICE MEDIANE:
    - CORP CALOS
    - REGIUNIIE SELARA
    - VENTRICULUL III
    - REGIUNIE PINEALA

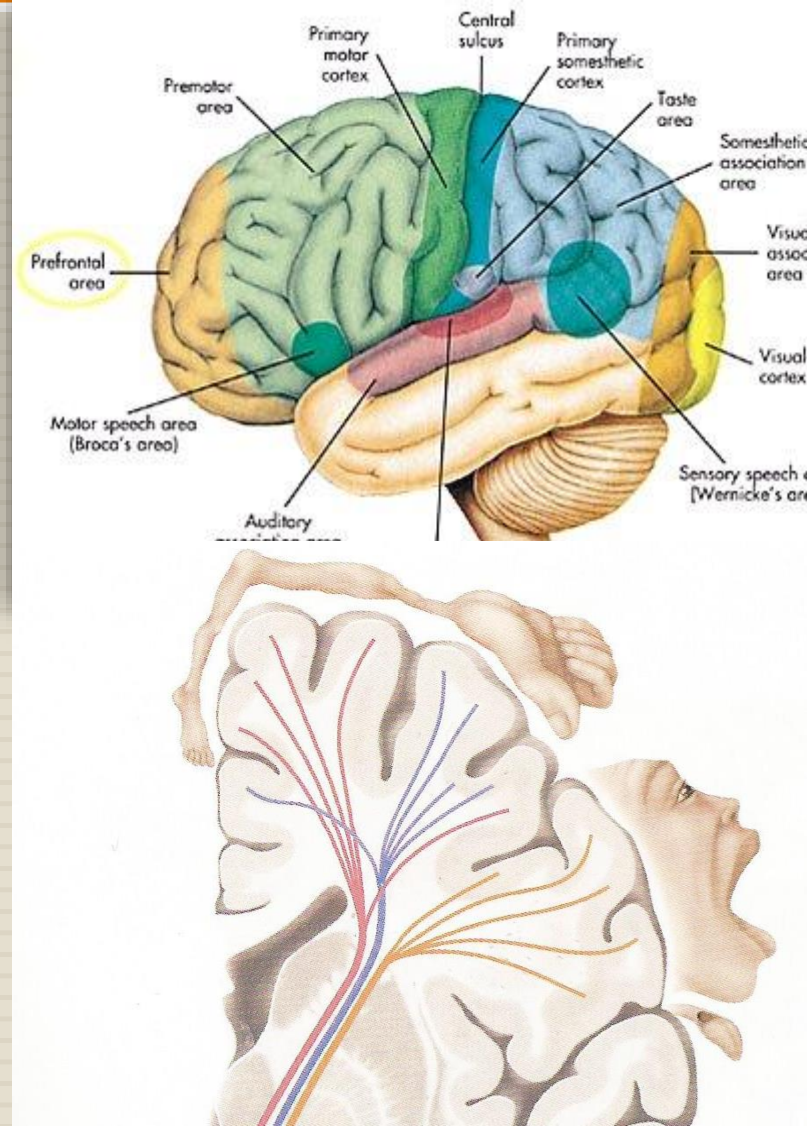
SINDROMUL DE LOB FRONTAL

- SINDROMUL DE ZONA MOTORIE
  - Sindrom iritativ - epilepsia:
    - in pana la 60% din cazurile de tumori ale lobilor frontali
    - 30% sunt crize grand mal
    - crizele partiale motorii
    - crizele "jaksoniene"/crize focale rolandice-specifice
    - debut facial urmat de extinderea la musculatura membrului superior si inferior contralateral –



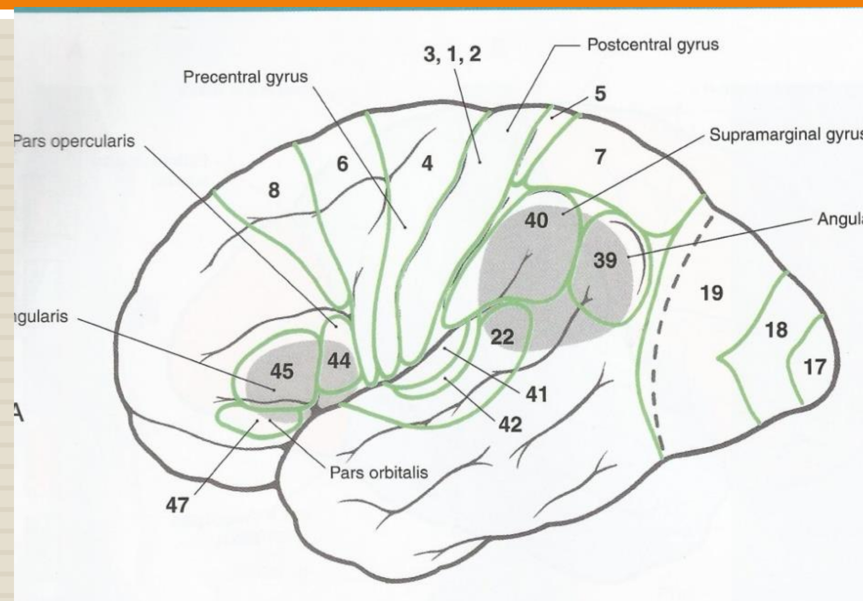
SINDROMUL DE LOB FRONTAL

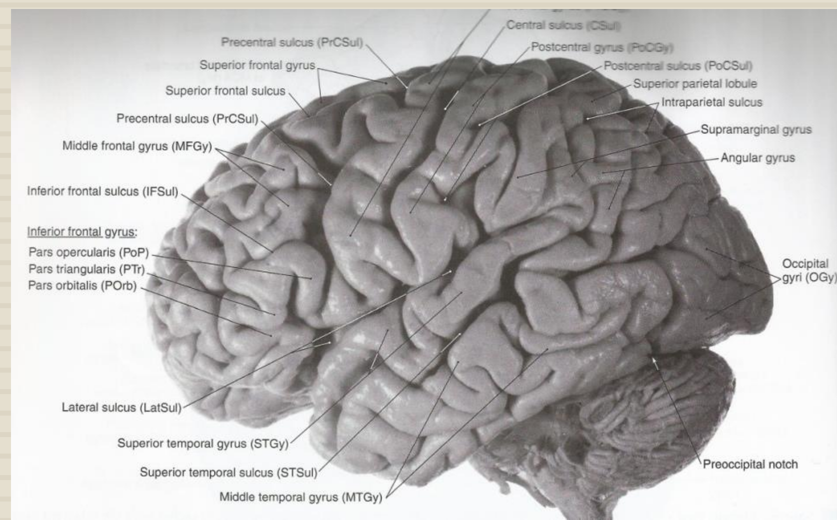
- SINDROMUL DE ZONA MOTORIE
  - Deficitele motorii:
    - Hemipareză, hemiplegie controlaterală
    - Leziune la nivelul ½ inferioare a ariei 4- pareza facio-brahiala contralaterala
    - Leziune la nivelul lobulului paracentral – pareza crurala contralaterala
    - Pareza spastica – cresterea tonusului flexorilor la mb superior si extensorilor la mb inferior; semnul Babinski
    - Sindrom Ectors (meningioame de F2/F3) – hemiplegie homolaterala (predom. mb inf) prin bascularea trunchiului de incizura tentoriala



SINDROMUL DE LOB FRONTAL

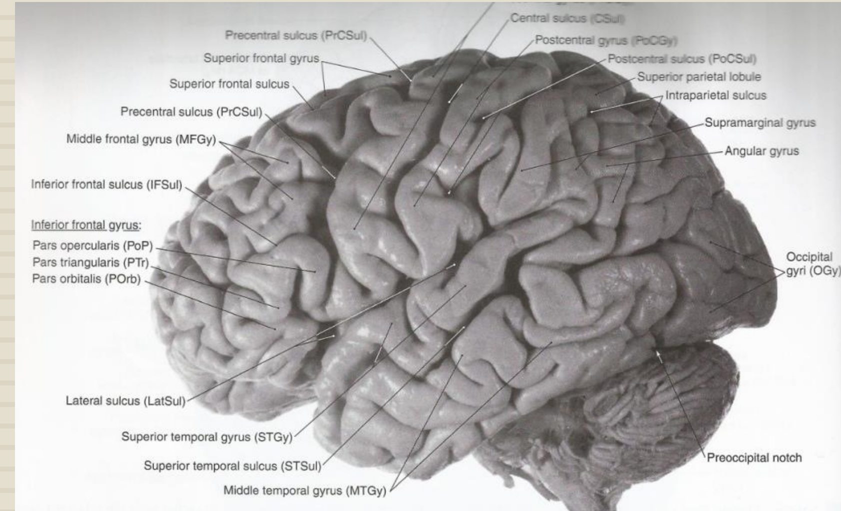
- SINDROMUL DE ARII PREMOTORII/SINDROMUL PREFRONTAL
  - Reflexul de apucare (grasping reflex) si tonic foot response – lezare ariei 6
  - Ataxia frontala (Bruns)
  - Crizele adversive oculo-cefalogire – miscari conjugate ale capului si globilor oculari – lezarea ariei 8
  - Gatismul - in leziunile frontale bilaterale – afectare fronto-bazala
- Afazia motorie/expresiva
  - lezarea arilor 44, 45 – emisfer dominant

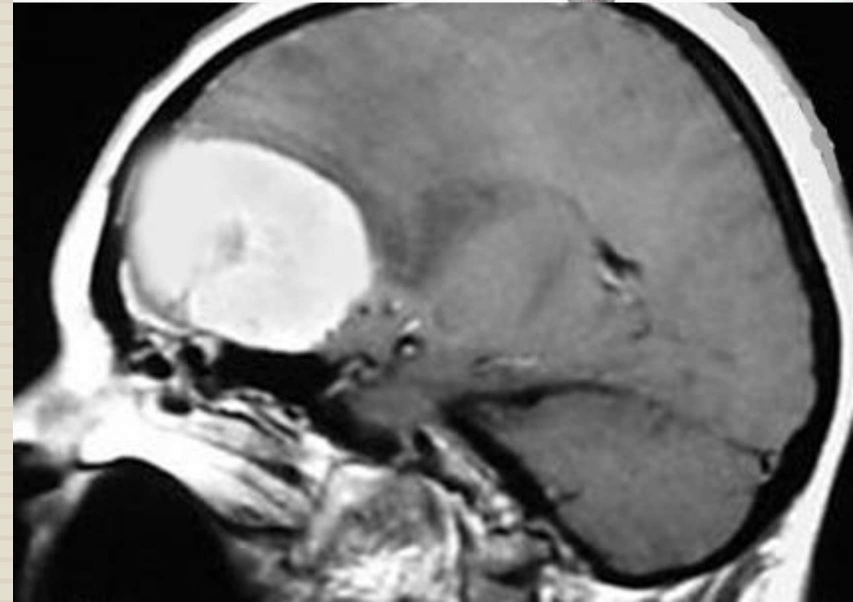




SINDROMUL DE LOB FRONTAL

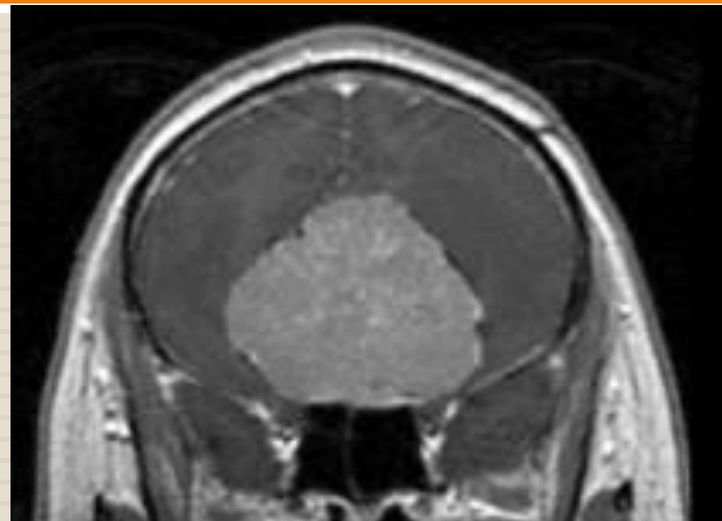
- SINDROMUL PREFRONTAL-tulburari psihice
  - tumorile voluminoase cu afectare frontala bilaterala
  - Moria – complex simptomatic: euforie, dezinhibitie, limbaj coprolalic, preocupari erotice, tendinta la bulimie
  - Apatia – lipsa de initiativa, aspontaneitate, prostratie
  - Tulburari de memorie si atentie
  - Manifestarile confuzive –de la simpla dezorientare pana la sindromul amnestic tip Korsakov

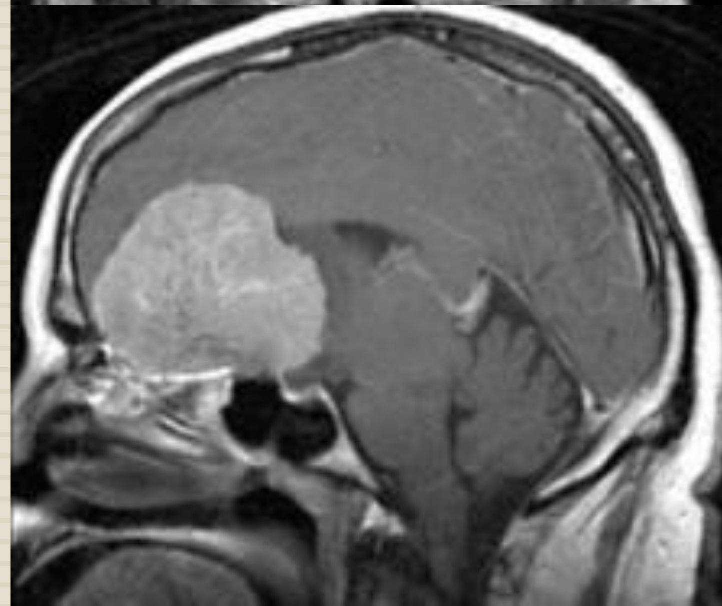




SINDROMUL DE LOB FRONTAL

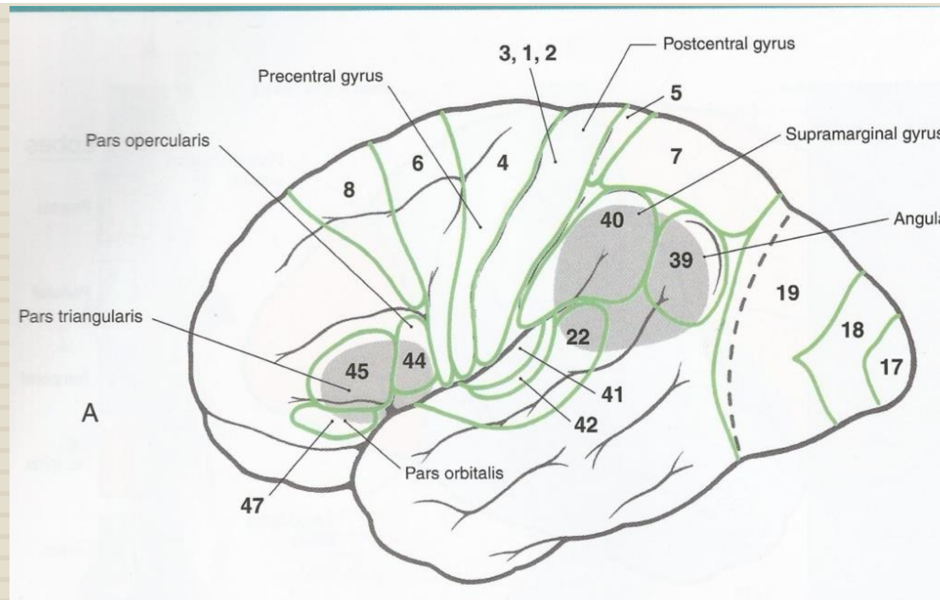
- SINDROMUL FOSTER KENNEDY
- Apare in tumorile voluminoase de etaj anterior al bazei craniului:
  - Meningioame de sant olfactiv
  - Meningioame de planum sfenoidale
  - Meningioame de 1/3 interne de aripa de sfenoid
- Triada clasica:
  - Anosmie ipsilaterala
  - Atrofie optica ipsilaterala
  - Edem papilar contralateral

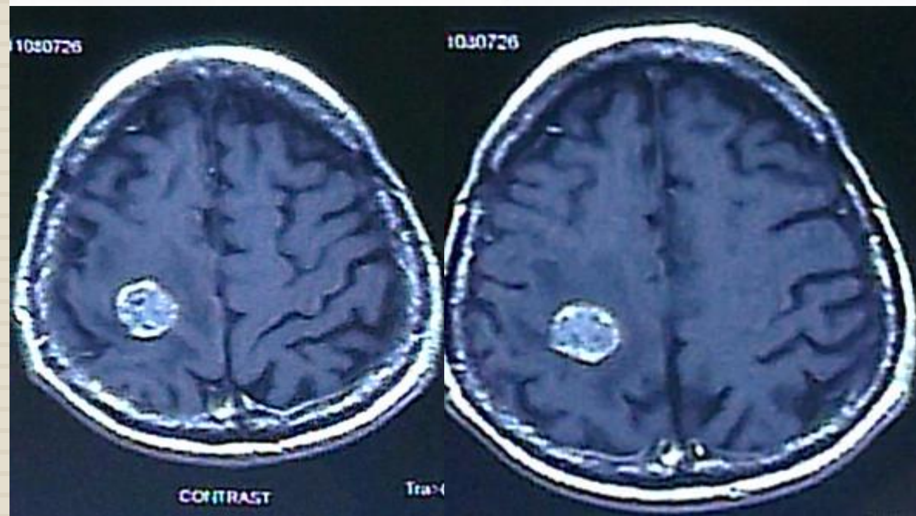




SINDROMUL ROLANDIC

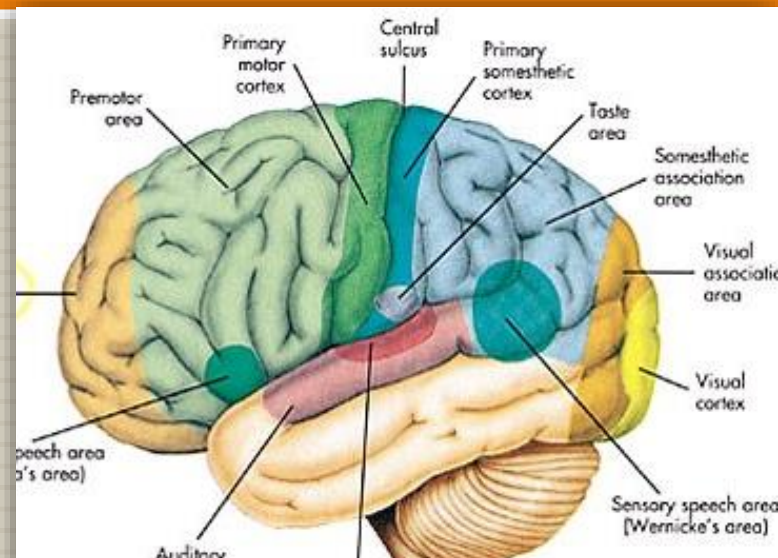
- Leziuni localizate la nivelul santului central, leziuni fronto-parietale
- Afectarea ariei motorie principale (aria 4) si aria senzitiva primara (3,1,2)
- Simptomatologia motorie
  - Crizele jaksoniene motorii in hemicorpul contralateral
  - Hemipareza contralaterala
- Simptomatologia senzitiva:
  - Crizele jaksoniene senzitive
  - Hipoestezie tactila si profunda in hemicorpul contralateral

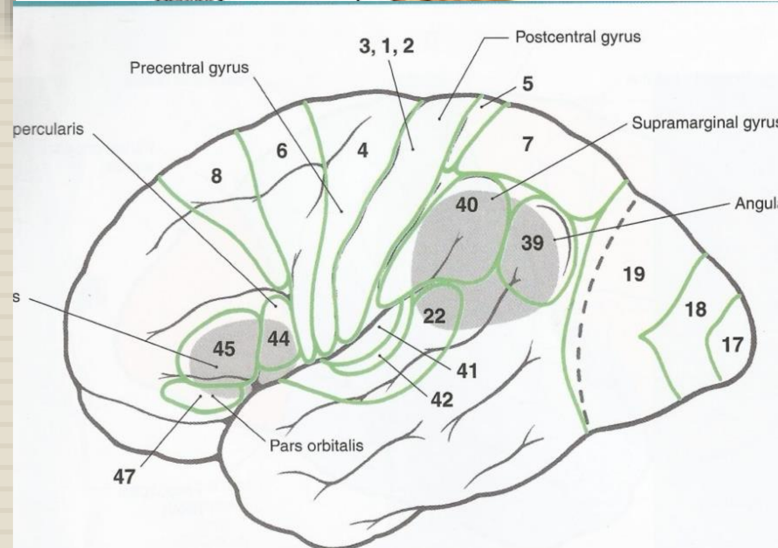




SINDROMUL DE LOB PARIETAL

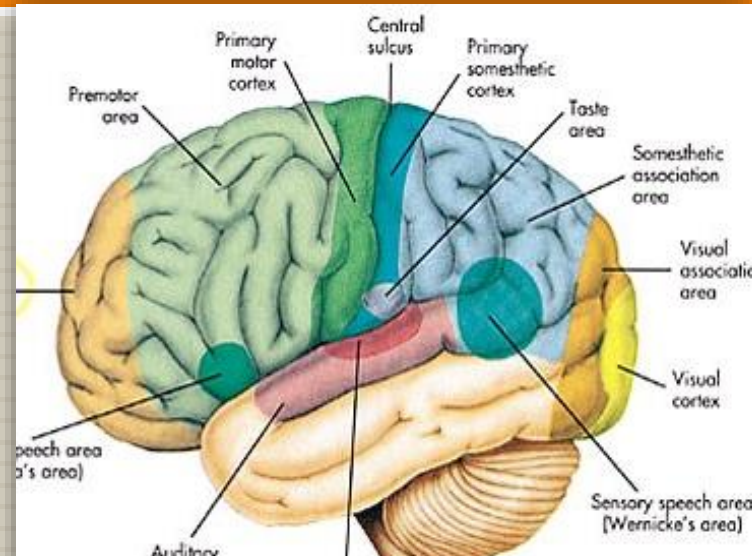
- Epilepsia parietala ("jacksoniana senzitiva") – leziuni iritative a parietalei ascendente (3,1,2): amorteli, furnicaturi la nivelul hemifetei contralaterale ~ hemicorpului contralateral
- Tulburări de sensibilitate – leziuni distructive parietala ascendenta-afectarea sensibilitatii superficiale si profunde; sensibilitatea dureroasa mentinuta
- Sindrom senzitivo-cortical:
  - hemiasomatognozie
  - tulburari de discriminare tactilca
  - asimbolie tactila
  - halucinatii kinestezice

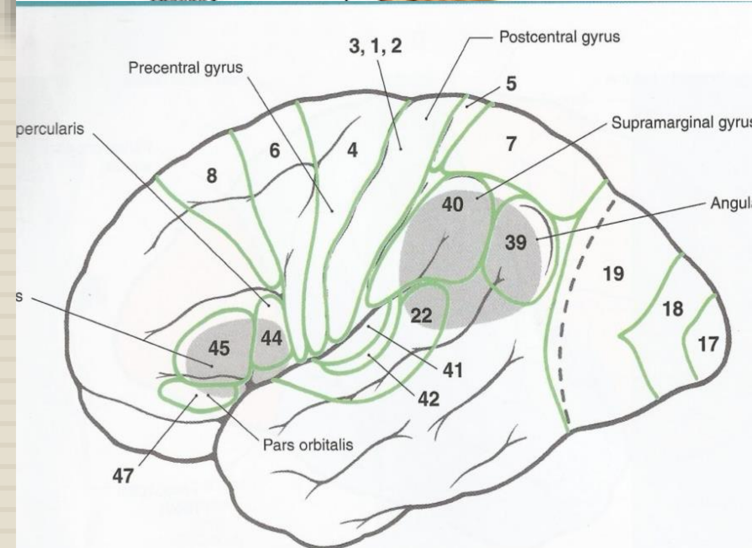




SINDROMUL DE LOB PARIETAL

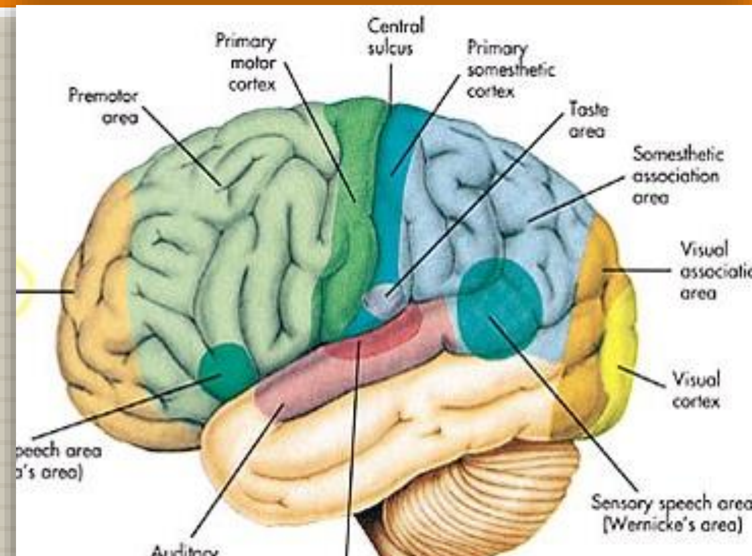
- Sindrom Gerstmann-afectarea ariilor 39,40 (girusul angular, supramarginal) in emisfer dominant:
  - agnozie stanga-dreapta
  - agnozie digitala
  - disgrafie/agrafie
  - discalculie/acalculie
- Sindromul Anton-Babinski-afectarea ariilor 39, 40 in emisfer minor
  - hemiasomatognozie – nerecunoasterea schemei corporale
  - anosognozie – bolnavul nu-si recunoaste deficitul
  - inatentie vizuala
  - apraxia de imbracare

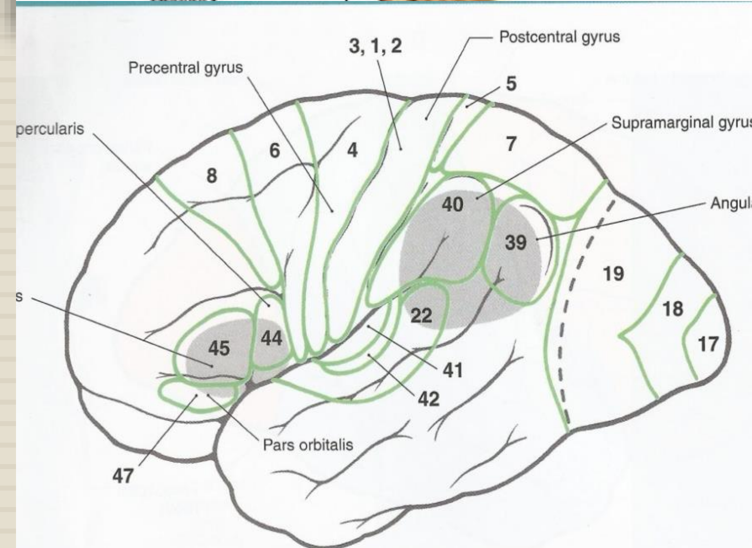




SINDROMUL DE LOB PARIETAL

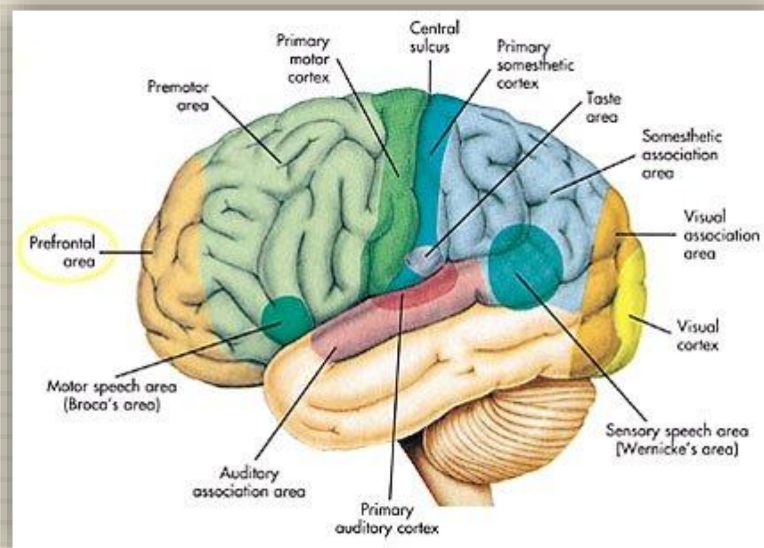
- Apraxie ideo-motorie in leziunile lobului parietal in emisferul dominant – proba Pierre-Marie
- Apraxie de imbracare in leziunile parietale din emisferul non-dominant
- Afazia senzitiva in cazul leziunilor cu extensie temporala cu afectare ariilor 39, 40 si extensie aria 22 – aria Wernicke
- Amiotrofiile parietale (Silverstein) – atrofii musculare contralaterale leziunii parietale +tulburari de sensibilitate/vasomotorii





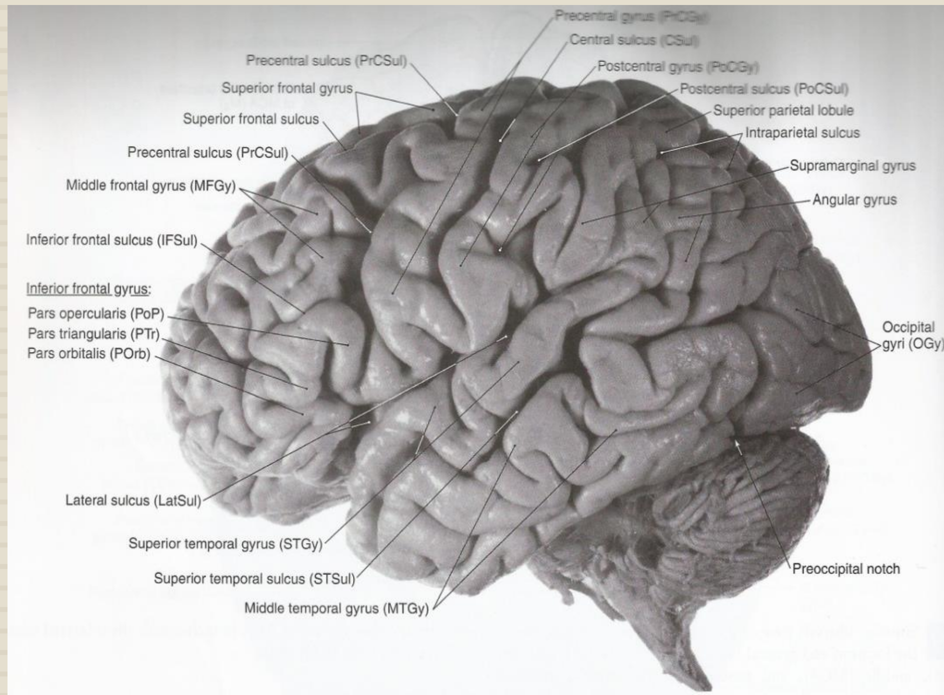
SINDROMUL PARIETO-TEMPORAL

- Emisfer dominant:
  - Sindrom Gerstmann:
    - Agnozie digitala
    - Agrafie
    - Acalculie
    - Dezorientare stinga/dreapta
  - Afazie
  - Alexie
- Emisfer nondominant:
  - Sindrom Anton Babinski:
    - Hemiasomatognozie
    - Anozognozie
  - Apraxia de imbracare
  - Crize epileptice
  - Sindrom HIC



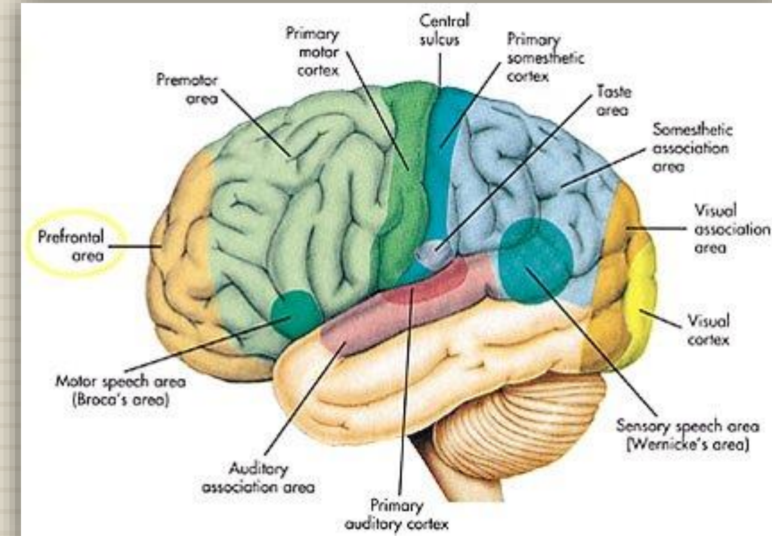
SINDROMUL DE RASPINTIE PARIETO-TEMPORO-OCCIPITALA

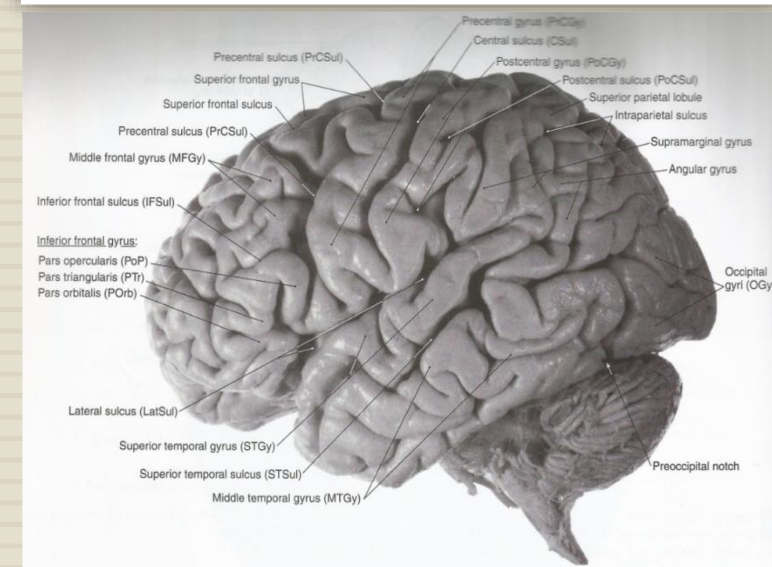
- Modificari complexe ale gnoziilor si praxiilor
- Asomatognozia
- Apraxia constructiva
- Agnozia vizuala
- Sindrom Gerstmann
- Tulburari in desenarea hartilor
- Tulburari vestibulare
- Sindrom HIC



SINDROMUL DE LOB TEMPORAL

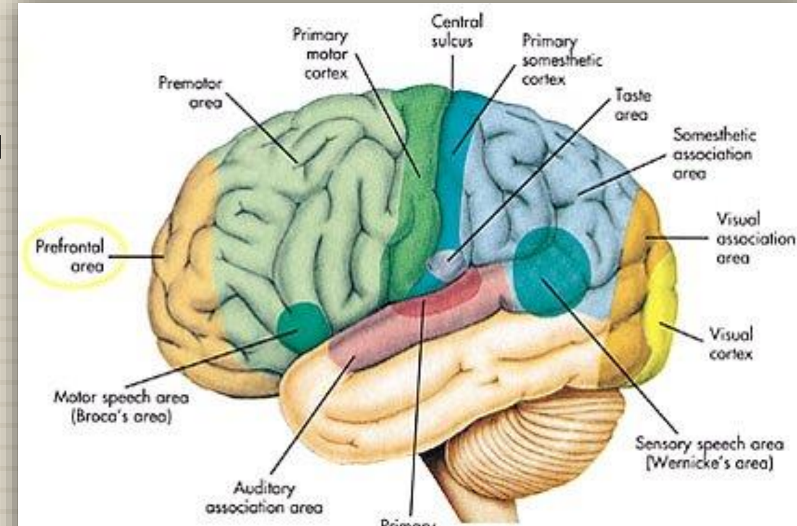
- Tulburari auditive – acufene
- Leziunile distructive temporale – hipoacuzie, nu surditate, intrucat caile auditive se proiecteaza bilateral
- Leziunile circumvolutiei Heschl – halucinatii auditive simple
- Leziunile temporale stangi – agnozia auditiva (imposibilitatea recunoasterii semnificatiei zgomotelor)
- Tulburarile gustative si olfactice: hipo-, para- anosmii; hipo-para-aguezii
- Tulburari vestibulare – tulburari de echilibru cu deviere de partea leziunii;

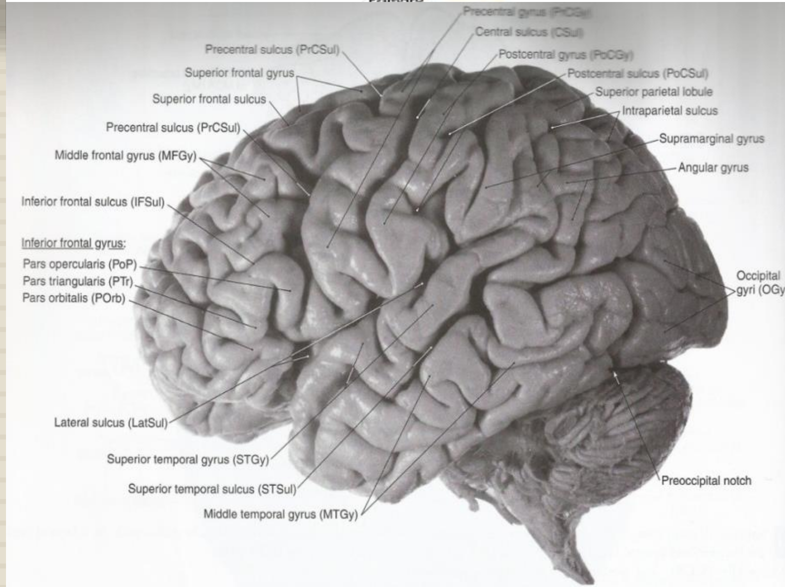




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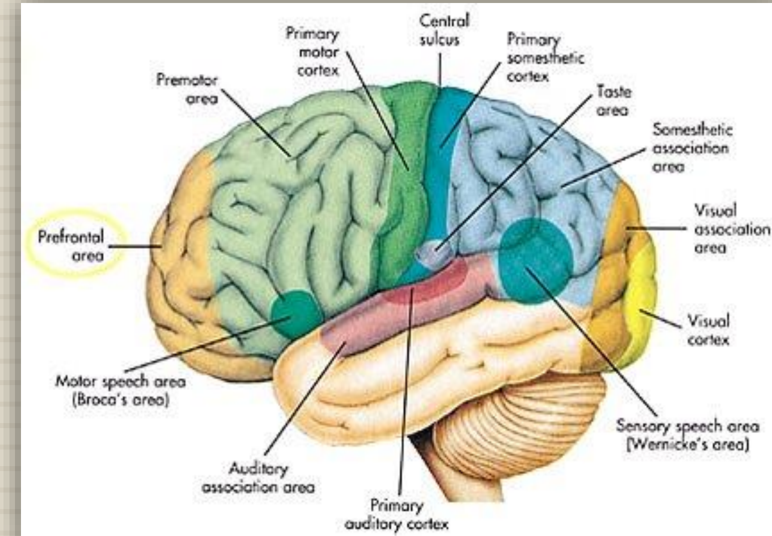
- Tulburari vizuale:
  - Cvadranopsie contralaterala superioara -fibrele ansei Meyer la nivelul portiunii anterioare a lobului temporal
  - Hemianopsii omonime contralaterale prin interesarea radiatiilor optice in totalitate in leziunile temporale voluminoase
- Tulburari afazice:
  - afazie senzoriala tip Wernicke;
  - afazie amnestica;
  - cecitate verbala

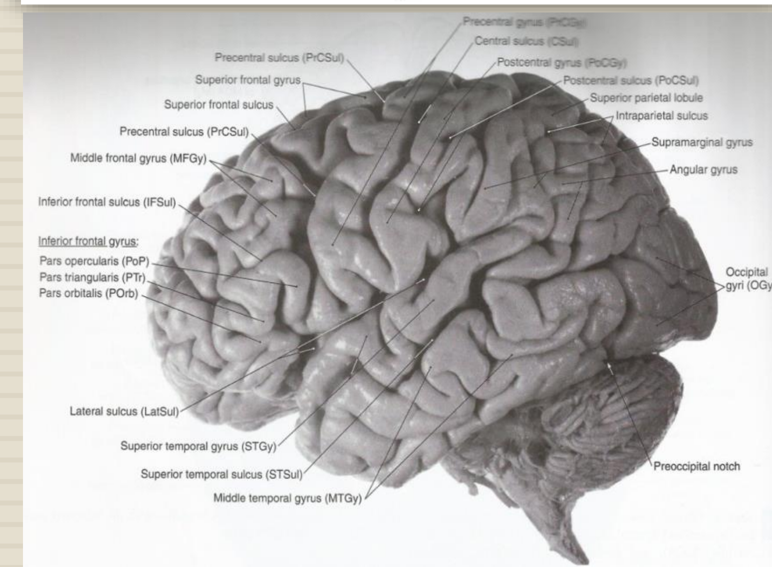




SINDROMUL DE LOB TEMPORAL

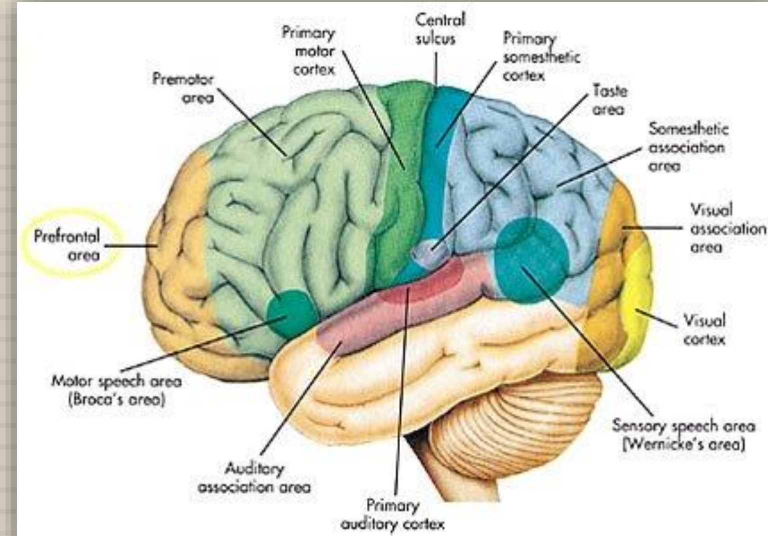
- Epilepsia temporala (crizele uncinate- crize partiale complexe):
  - Crize halucinatorii auditive elementare/complexe– zgomote, voci, melodii
  - Crize halucinatorii vizuale complexe (micropsii, macropsii, halucinatii cinematografice)
  - Crize halucinatorii olfactive: mirosuri de obicei dezagreabile (cacosmii)
  - Crize halucinatorii vestibulare (crize giratorii, senzatie de plutire, etc)

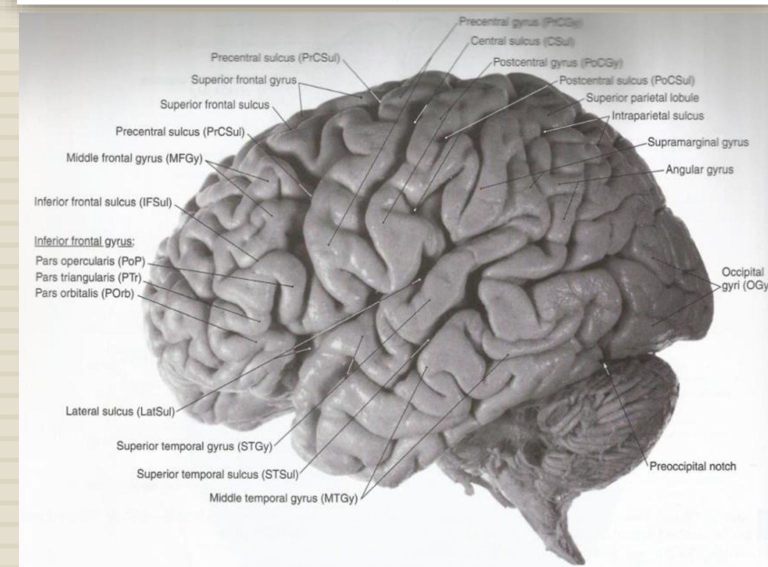




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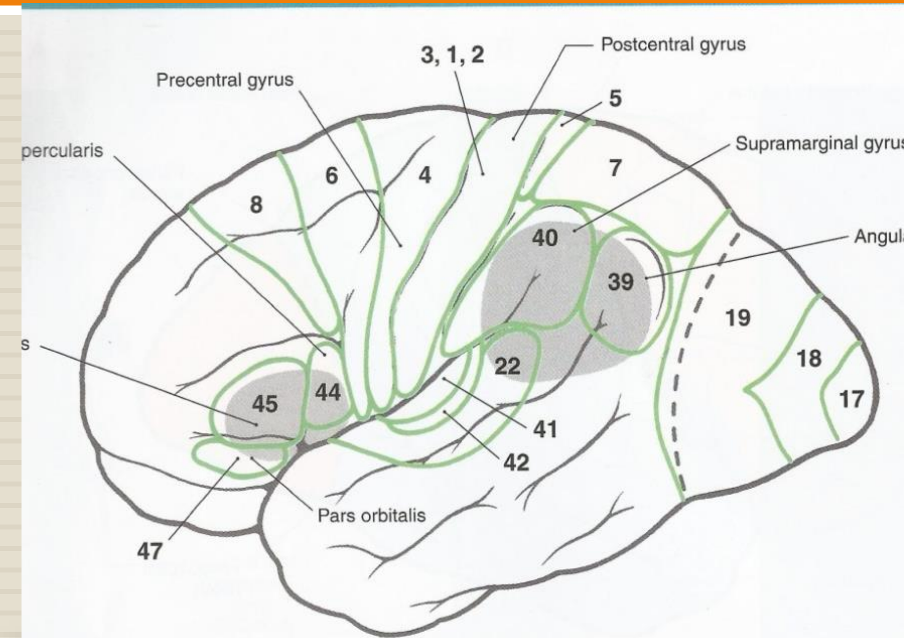
- Epilepsia temporala :
  - Crize psihomotorii: automatisme eupraxice sau dispraxice, crize de ras-plans
  - Modificari paroxistice ale constiintei: nerecunoasterea persoanelor /locurilor (jamais vu) sau senzatia de familiaritate (déjà vu)
  - Stari de anxietate, euforie, depresie paroxistica
  - Tulburari paroxistice ale vorbirii: crize disfazice – "speech arrest"
- Tulburari psihice complexe:
  - Conduite alimentare anormale
  - Hipersexualitate
  - Tulburari de memorie –circuitului Papez





SINDROMUL DE LOB OCCIPITAL

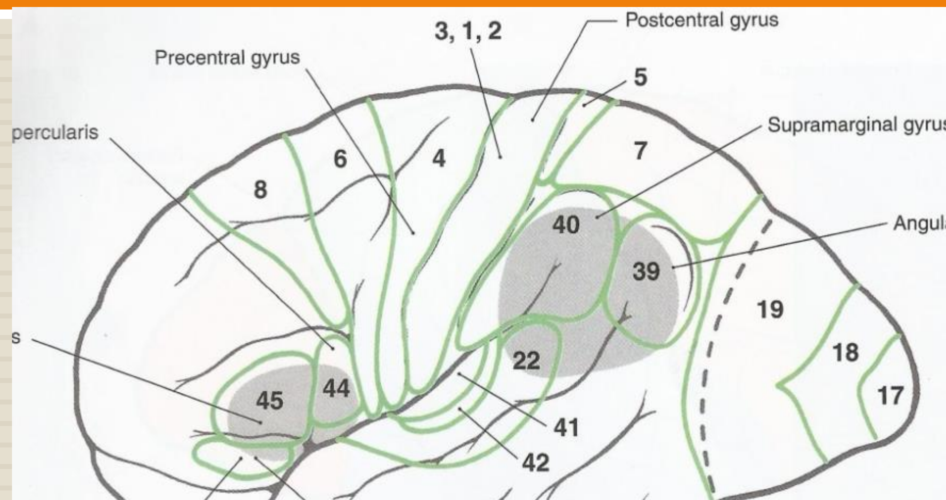
- Epilepsia occipitala:
  - aparitia de fosfene, scotoame, halucinatii complexe
- Metamorfopsiile:
  - Tulburari de perceptie spatiala – inclinarea, deformarea obiectelor, macro/micropsii, vedere inversata
- Discromatopsiile – tulburari de vedere a culorilor:
  - Scotoame pentru culori, hemiacromatopsie omonima
- Halucinatiile vizuale occipitale: pot fi bi- sau tridimensionale, imobile sau mobile, complexe

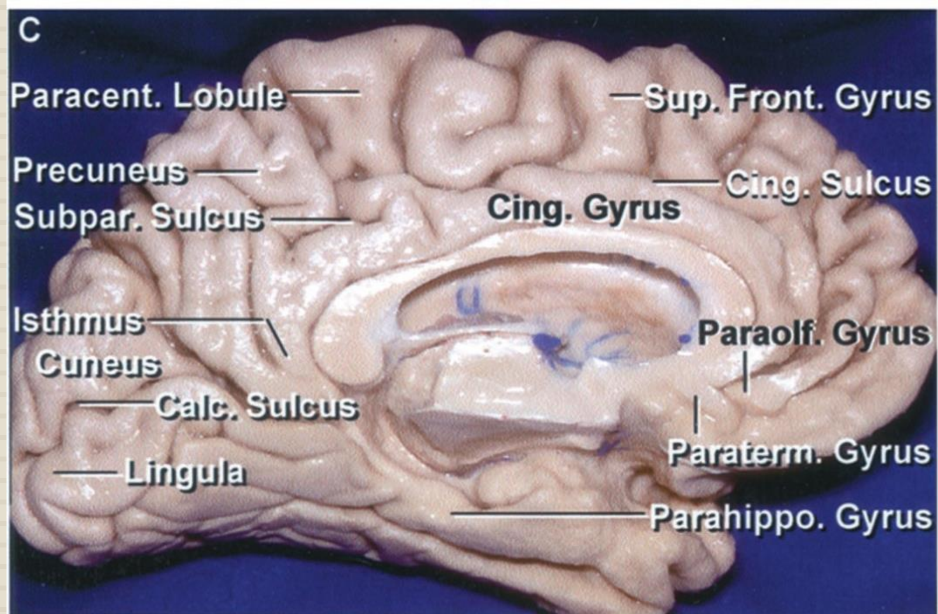




SINDROMUL DE LOB OCCIPITAL

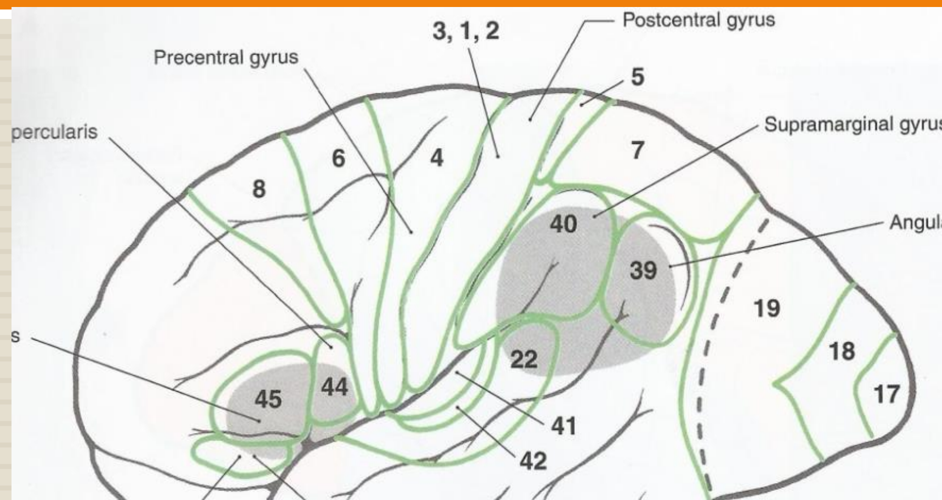
- Hemianopsii-lezarea scizurii calcarine/fibrelor geniculo-calcarine in traseul lor occipital
- Hemianopsie omonima contralaterala-leziuni voluminoase cu afectarea intregii scizurii calcarine
- Hemianopsie contralaterala omonima partiala (in cadran sau sector) afectarea discreta a scizurii calcarine
- Hemianopsie maculara – rara, leziune discreta a polului occipital
- Hemianopsia orizontala - doua hemianopsii in cadran

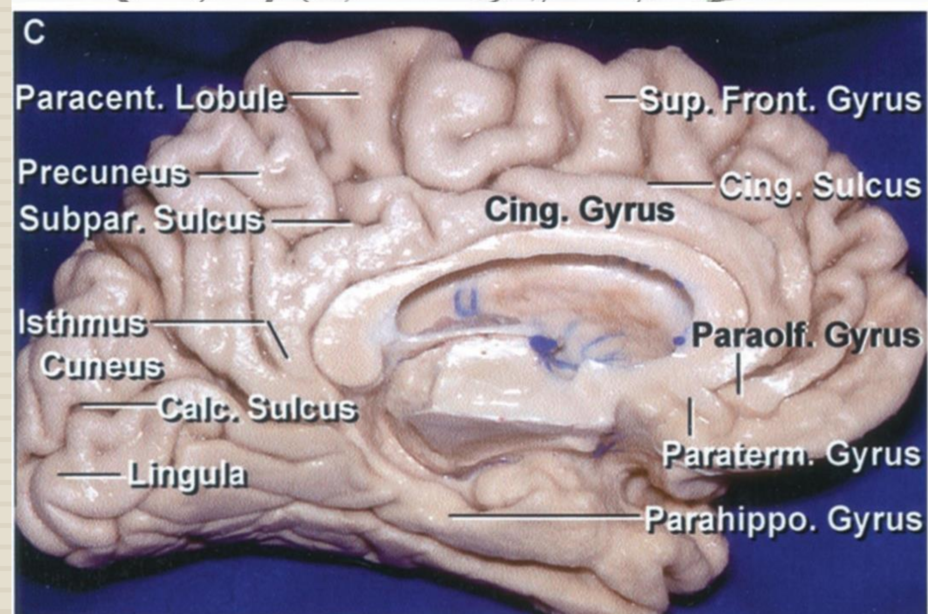




SINDROMUL DE LOB OCCIPITAL

- Hemianopsia dubla cu conservarea vederii maculare (“vedere prin teava de pusca”)
- Hemianopsie dubla cu pierderea vederii maculare – cecitate corticala
- Cecitatea corticala
  - lezarea bilaterala occipitala
  - insotita de anosognozie vizuala – isi neaga cecitatea
  - pot prezenta halucinatii vizuale
- Agnozii vizuale
  - agnozie pt scris (cecitatea verbala)
  - agnozie pentru obiecte
  - agnozie spatiala-dezorientare spatiala





MULTUMESC PENTRU ATENTIE!